

Entered on list

Bruce

Bruce, Walter.

Pvt Co M 101st Inf.

Died June 2, 1918, of wounds received in action.

Emergency address: Mrs. Ammie Fiske, mother, 57 George St., Lowell, Mass.

A.G.O. 6/22/18

TBS-26

Card on file

Write nothing below this line.

Write nothing above this line.

To The A. G. O.

2363

105

G.R.S. Form #114-B

DEC 1 - 1925

DATE

1. NAME **BRUCE, Walter** SERIAL No. **62365**

RANK **Pvt** ORGANIZATION **Co M 101st Inf**

GRAVE LOCATION **Amer.Cty. MANIL -la-TOUR (M.et.M) #74**
CTY. NAME NUMBER

68

GRAVE

ROW

PLOT

2. ORIGINAL BATTLE AREA GRAVE LOCATION **68 Menil-la-Tour (M et M)**

GRAVE

COMMUNE

DEPT.

COORDINATES **SE 52, E362.57 N319.74**

CONCENTRATED TO **68**

DATE

GRAVE

ROW

PLOT

Menil-la-Tour

74

CEMETERY

CTY. NUMBER

Data concerning any identification found on remains when concentrated, such as collar insignias, letters, broken bones, missing parts, etc.

Cross reads; BRUCE, Walter

DATE OF DEATH **June 2, 18**

STATE FROM WHICH HE CAME **Massachusetts**

MEDALS OR DECORATIONS AWARDED **None**

SUBSEQUENT REBURIALS

DATE

GRAVE

ROW

PLOT

CEMETERY



DATE

GRAVE

ROW

PLOT

CEMETERY

SIGNATURE, AREA SUPERVISOR

I. H. JOFFEE,
1st Lieut, QMC.

3. FINAL GRAVE LOCATION **July 28th, 1922.** **4** **9** **C**

DATE

GRAVE

ROW

Block

St. Mihiel American Cemetery, THIAUCOURT, (M.-et-M.)

Robert O. Davis
Major General
The Adjutant General
By **7/5**

CEMETERY

DEC 3 1925

WORLD WAR DIV.

ADDED BY
Vol. 7-3-23

INSTRUCTIONS FOR PREPARATION OF FORM 114 B

1. Forms 114-B are to be prepared by Registration Branch in quadruplicate, three copies to be forwarded to Area Supervisor who will accomplish paragraph 2 and return all three copies to Headquarters, American Graves Registration Service.

2. Paragraphs 1 and 3 will be accomplished by Registration Branch, Headquarters, American Graves Registration Service, Q.M.C., in Europe.

3. Paragraph 2 will be accomplished by Area Supervisor from data on file in his office.

4. If data is entered on Form 114-B from Form 1, Form 16, Form 1-A or Form 16-A, statement to this effect will be made on Form 114-B STATING WHICH G.R.S. form data is taken from. If data concerning co-ordinates is approximate and NOT accurate, statement to this effect will be made on these forms.

DEC 1 - 1947

GRAVE LOCATION BLANK.

LOCATION OF THE GRAVE OF

Bruce Walter
(Surname.) (Number.) (First Name and Initials.)

Private Co. M, 101 Inf.
(Rank.) (Organization.)

DATE OF BURIAL June 3, 1918

PLACE OF BURIAL Menil - La - Tour

(Give Cemetery, Town and Department.) Map reference must specify clearly what map is used.

A.E.F. Cemetery #74

GRAVE NUMBER 68

HOW MARKED: Name Peg? Cross?

Headboard? Bottle?

IDENTIFICATION TAGS:

Was one buried with body? Yes

Was one fastened to name peg or stake used as a grave marker? Yes

If name unknown and tags missing, description and marks should be given here:

Co M. 101st Inf
26th Div

May 31st, Eva

Emergency Address
Henry C. Fisk
57 George St.

62365

62365
11, Mass.

during a raid on
where he died."

d, Elwin A. Cpl.
101st Infantry

REPORTED BY:

Les. S. L. Connor 1st Lt., Chaplain.
(Signature and Rank of Reporting Officer.)

This portion to be forwarded to Adj. Gen'l., G.H.Q., A.E.F.

Co H. 101st Infantry
26th Division

BRUCE Walter Pvt. 62365
Home : Lowell , Mass .

" No witnesses . Pvt. Bruce was gassed during a raid on
May 31st , Evacuated to the 103rd Field Hospital , where he died . "

Informant : Not given .

Searcher : Brainerd , Elwin A. Cpl.
Co H. 101st Infantry

Emergency Address :-
Henry C. Fisk ,
57 George St. Lowell , Mass .

6-2

CODE SLIP

HEADING	SUB HEADING	NO. OF COLS	CODE
NAME <i>Bruce, Walter</i>	<i>Bruce</i>	3	<i>2 0 12</i> <i>8 1</i>
BURIED	CEMETERY <i>1233</i>	1	<i>3</i>
	GRAVE <i>4</i>	2	<i>04</i>
	ROW <i>9</i>	2	<i>09</i>
	BLOCK <i>6</i>	1	<i>3</i>
STATE	<i>Mass</i>	2	<i>25</i>
RANK	<i>Plut.</i>	1	<i>2</i>
DIVISION	<i>26th</i>	2	<i>26</i>
ORGANIZATION	<i>107st.</i>	3	<i>101.</i>
ARM	<i>Inf.</i>	1	<i>1</i>
MARITAL	<i>W</i>	1	<i>2</i>
NAME <i>Kenerian</i>	<i>Kenerian</i>	3	<i>1 5 4</i>
<i>Winifred</i>	STATE <i>Mass</i>	2	<i>25</i>
RESIDENCE	COUNTY <i>Suffolk</i>	2	<i>13</i>
<i>State House,</i>	CITY <i>Boston</i>	3	<i>019</i>
<i>Boston, Mass</i>	RELATION <i>Mother</i>	1	<i>1</i>
OTHER	<i>Don't list of Paul</i>	1	<i>3</i>
ELIGIBILITY	<i>Widow</i>	1	<i>6</i>
NATIVITY	<i>Widow id-20-16</i>	1	
RACE		1	
ENGLISH		1	
ATTENDANT		1	
HEALTH		1	
NO. OF SONS			
DATE OF TRIP	NO.	1	
ACCEPTANCE	YR.	1	
29/514/EAB	<i>Widow</i>	1	

AUDITED

APR 4 1932

OK

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

10893 77

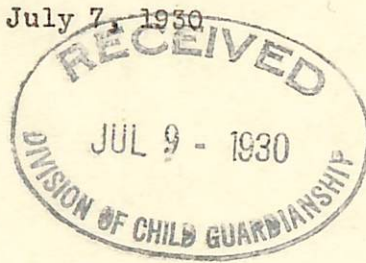
L

IN REPLY REFER TO QM 293 A-C

July 7, 1930

Bruce, Walter 1233-0

Miss Winifred Keneran
Director of Dept. of Public Welfare
State House
Boston, Mass.

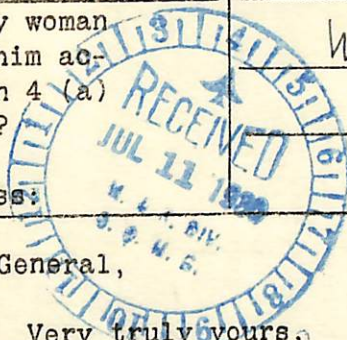


Dear Madam:

Your attention is invited to the enclosed copy of an Act of Congress of March 2, 1929, together with an amendment thereto, approved May 15, 1930.

This office has no record of any person entitled under the Act mentioned to make a pilgrimage to the cemeteries in Europe as the mother or widow of the above named deceased service man. To complete the list of eligibles and to assure that, if the above named man is survived by a mother or widow entitled to make a pilgrimage she receive an invitation to do so, it is requested you answer the following questions in the space provided on this letter and return to this office in the enclosed envelope which requires no postage.

1. Is the deceased survived by a mother? If so, give her name and address:	no Deceased December 20 - 1916
2. Is the deceased survived by a widow who has not remarried? If so, give her name and address:	No - Was unmarried
3. Is the deceased survived by any woman who stood in loco parentis to him according to the terms of Section 4 (a) of the enclosed Act as amended? If so, give her name and address:	Unknown



For The Quartermaster General,

Very truly yours,

Enclosures:
Envelope
Act
Amendment

A. D. Hughes
A. D. HUGHES,
Captain, Q. M. Corps,
Assistant.



RICHARD K. CONANT
COMMISSIONER
WINIFRED A. KENERAN
DIRECTOR
DIVISION OF CHILD GUARDIANSHIP

The Commonwealth of Massachusetts
Department of Public Welfare
Division of Child Guardianship

State House, Boston June 1, 1929

IN WRITING PLEASE REFER TO NO. 10893

Re: QM 293 A-C
Bruce, Walter.

John T. Harris, Major,
Quartermasters Corps,
War Department,
Washington, D. C.

Dear Sir:

Replying to your letter of
May 27th I write to say that the mother of
Walter A. Bruce died on December 20, 1916.
Our records do not show that Walter Bruce
was ever married.

Yours very truly,



Winifred A Keneran

Director.

CMS/C

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

Bruce, Walter

May 27, 1929.

Mr. James E. Fee,
43 State House,
Boston, Mass.

Dear Sir:

Your attention is invited to the enclosed copy of an Act of Congress approved March 2, 1929, entitled an Act "To enable the mothers and widows of the deceased soldiers, sailors and marines of the American forces now interred in the cemeteries of Europe to make a pilgrimage to these cemeteries".

The records of this office show that you are the legal guardian of William S. Bruce, brother of the late Private Walter Bruce, 101st Inf., Co. M, whose remains are now interred in the St. Mihiel American Cemetery, Thiaucourt, Meurthe-et-Moselle, France.

Will you please advise this office whether or not he is survived by a mother or widow who is entitled under the provisions of the above quoted Act, to make the pilgrimage, and if so, will you please furnish the full names and addresses of the mother and widow in order that action may be taken to extend invitations to them to make the pilgrimage. Both mothers and widows are entitled to make the pilgrimage.

Your attention is particularly invited to Section 4 of the enclosed Act, which defines the terms "mother" and "widow". If the relative is a stepmother, mother through adoption, or any woman who stood in loco parentis to the decedent, a statement as to her relationship is requested. If he was survived by a widow who has since remarried it is also requested that a statement to that effect be made.

For your reply, you may use the enclosed envelope which requires no postage.

For The Quartermaster General,

Very truly yours,

JOHN T. HARRIS,
Major, Q. M. Corps,
Assistant.

H

2 incls.
Act of Congress.
Envelope.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

IN REPLY REFER TO QM 293 A-C

July 7, 1930

Bruce, Walter 1233-0

Miss Winifred Keneran
Director of Dept. of Public Welfare
State House
Boston, Mass.

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1. Is the deceased survived by a mother?

If so, give her name and address:

2. Is the deceased survived by a widow who has not remarried?

If so, give her name and address:

3. Is the deceased survived by any woman who stood in loco parentis to him according to the terms of Section 4 (a) of the enclosed Act as amended?

If so, give her name and address:

For The Quartermaster General,

Very truly yours,

Enclosures:
Envelope
Act
Amendment

A. D. HUGHES,
Captain, Q. M. Corps,
Assistant.

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON

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For The Quartermaster General,

Very truly yours,

JOHN T. HARRIS,
Major, Q. M. Corps,
Assistant.

2 incls.
Act of Congress.
Envelope.

Q.M.G. 293 A-C
MAY 27 PM 3
DISPATCHED

H ✓

QM 293 A-C

BRUCE, Walter - Pvt.

January 10, 1924

Mr. James E. Fee,
43 State House,
Boston, Mass.

Dear Sir:

The Quartermaster General desires to invite your attention to the inclosed card which gives the permanent cemetery location of the soldier's grave in which you are interested.

This American military cemetery is one of those to be maintained by the United States for all time in Europe. Each grave will be marked by a headstone of white marble, of dignified design, with the name, rank, division, organization, date of soldier's death and State from which he came. Headstones will be placed at all graves in connection with the improvement work now in progress, as soon as possible and without waiting for special action or request on the part of relatives.

Please be assured that in effecting removal of the dead, the utmost reverential care was exercised and more than willingly accorded by those who performed this sacred duty. For the future, these graves will be perpetually maintained by the Government in a manner befitting the last resting place of our heroes.

O. G. M. G.
GENERAL
Very truly yours, *OM*



RD

Lsh

1- Incl.
Record card.

JAN 10 1924
B. O. C.

Bruce,

Walter

62365 ✓

(Surname)

(Christian name in full.)

(Army serial number.)

Pvt.

Co. M, 101st. Infantry.

(Rank and organization.)

State your relationship to the deceased

Step-father

Do you desire the remains brought to the United States?

no

(Yes or no.)

If remains are brought to the United States, do you wish them interred in a national cemetery?

(Yes or no.)

If you desire the remains interred at the home of the deceased, give full information below as to where they should be sent:

(Name of person to receive remains.)

(Express office.)

(Telegraph office.)

(Number and street.)

(City or town.)

(State.)

(Sign here)

Henry C. Fiske.

(Number and street or rural route.)

(City, town, or post office.)

(State.)

Read carefully the letter accompanying this card.

3-6713

look on the other side

Sir:

My wife Annie M. Fiske mother of Pvt. Walter
Bruce died in 1916. I do not know whether
my wife's first husband William H. Bruce
the father of Pvt. Bruce is living or not,
but I think he is.

checked HW
11-19-20

Mrs. Annie Fiske
57 George St.,
Lowell, Mass.

A. C. Fiske. 00-31-11
00-76
no hymns

7206

COMPILATION OF DISPOSITION OF REMAINS DATA

File # 3021

*4/28/22 Examined
for Concentration
St. Michel #1233*

I. LOCATION INDEX CARD:

(a) Name BRUCE, Walter Ser. No. 62365 *Sh-41-24*
 (b) Rank Pvt. Organization 101st Inf. Co. M.
 (c) Date of death 6/2/18 (d) Cause of death DWARIA

TYP. EK
CKR. ABK

II. REGISTRATION CARD.—(Check Reg., Card Inf. against Loc., Ind., Inf.):

(a) Grave No. 68 Row -- Plot -- Sec. -- TYP. EK
 (b) Emerg. Address Mrs. Annie N. Fiske (mother) 57 George St., Lowell, Mass.

III. Files of soldiers dying from contagious diseases _____ CKR. AB

IV. A. G. O. DISPOSITION CARD:

Date of receipt none

(a) Name Henry C. Fiske (b) Relationship step-father
 (c) Address 57 George St. Lowell, Mass. (reverse of card)
 (d) Remains to be brought to U. S.? no
 (e) To be interred in National Cemetery in U. S. at _____
 (f) Shipping instructions upon arrival of body in U. S. _____
 (g) Disposition instructions if not brought to U. S. _____

Examiner's Initials SH Date 11/15, 1920.

V. A. G. O. CORRESPONDENCE shows communication from H. C. Fiske

on reverse of card, dated _____, confirming request in Par. IV., item _____, above, or requesting that See: My wife Annie Fiske mother of Pvt. Walter Bruce died in 1916. I do not know whether my wife's first husband William H. Bruce the father of Pvt. Bruce is living or not, but I think he is.

Examiner's Initials SH Date 11/15, 1920.

VI. G. R. S. FILES, CORRESPONDENCE—shows as follows:

No request for disposition.

(a) Cancellation memos referred to? Yes
 Examiner's Initials JA Date 11-18, 1920.

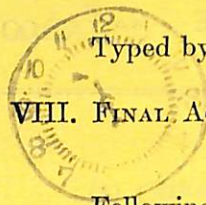
COUNTRY France CEMETERY No. 74 SHEET No. 20

CARDED

Sh 12/23/20

*Reviewed 5/12/21 - acw
11-24*

RECEIVED



Typed by _____, Checked by _____, 1920.

APR 29 1921

VIII. FINAL ACTION:

Cemeterial Division
Overseas Project Sub-Section

Following advice forwarded to Europe by { cable on _____, 1920
letter on Dec. 14, 1920

DEC 29 1920

Par. II Not to be returned erw

IX.

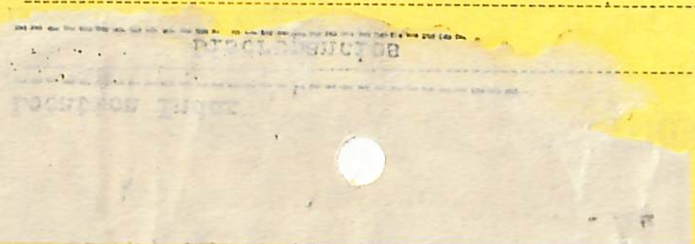
CORRECTIONS

CHANGE OF ADVICE.	ACTION TAKEN.
Desires body be _____	
Body to be shipped to _____	

X. SUSPENSION REMARKS:

1/24/21 - Form 120, Henry C. Fische
step - father wishes remains left in
Europe. H. 1/31/21. 14.7.

War Risk Beneficiary, Mr James E Fee, legal guardian of William S Bruce
43 State House, Boston, Mass 2/28/21 RAH



COMPILATION OF DISPOSITION OF REMAINS DATA

Form 115
att 5/20/22
See

File # 3021

I. LOCATION INDEX CARD:

(a) Name **BRUCE, Walter** Ser. No. **62365** *ok (11-24)*
 (b) Rank **Pvt.** Organization **101st Inf. Co. M.** TYP **BK**
 (c) Date of death **6/2/18** Cause of death **DWRIA** *ok*

II. REGISTRATION CARD.--(Check Reg., Card Inf. against Loc. Ind. Inf.):

(a) Grave No. **68** Row **--** Plot **--** Sect. **--** TYP **BK**
 (b) Emerg. Address **Mrs. Annie N. Fisk (mother) 57 George St., Lowell, Mass.**

III. Files of soldiers dying from contagious diseases **---** *OKR 2LB*

IV. Information on which advice to Europe in letter of transmittal was based:

A 90 card - Henry C. Fiske (stepfather) 57 George St. Lowell Mass. desires body to remain in Europe. 12/21/20 - LPW

V. Following advice forwarded to Europe by (cable on **192**)
 (Letter of transmittal on **12/14 1920**)

Part II not to be returned LPW

VI. Form 115 forwarded to G.R.S. Hoboken, N.J. **DEC 27 1920** 192

VII. SUPPLEMENTARY REQUESTS

Date of and Source	Relationship and name	Desires	Action taken
--------------------	-----------------------	---------	--------------

VIII. Form 115 received from G.R.S. Hoboken, N.J. **4-29** 192

COUNTRY _____ CEMETERY NO. _____ SHEET NO. _____

G. R. S. FORM 115-A
August, 1920

8-666/1B **France**

20
slg 12/23/20

SHIPMENT. (Show actual marking of box.) Box No. C-24285

32. Designation of body:

Name Walter BRUCE Serial No. _____

Rank Pvt Organization Co M 101st Inf

33. Consigned to:

Name of Permanent Cemetery St-Mihiel, Amer #1233, THIAUCOURT (M.et.M)

34. Casket boxed and marked (Date) March 2, 1922. By W.C. Follmer

35. I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

Signature of G.R.S. Inspector D.E. Lowry
D.E. Lowry, 1st Lt. QMC.

36. Remarks None

37. Shipped from point of Operation: (Date) March 2, 1922.

To point of Concentration Toul (M et M)

Convoyer Frank Atwell Signature Shipping Officer D.E. Lowry
D.E. Lowry, 1st Lt. QMC

38. Received at Railhead or Point of Concentration: Date March 2, 1922

By G.R.S. Representative L.B. Massie
L.B. Massie, Capt. QMC.

39. Shipped from Railhead or Point of Concentration: Date 22 MARS 1922

To Permanent Cemetery St. Mihiel Amer. #1233. Thiaucourt (M et M)

Convoyer Frank Atwell Signature Shipping Officer L.B. Massie
L.B. Massie, Capt. QMC.

40. Received: Date 4 MAR 1922

G.R.S. Representative G.D. GAMBLE, Captain, Q.M.C.,

41. Reinterred, July 2⁸, 1922
(Date)

42. Grave No. 4 Section _____

43. ~~Plot~~ Block "C" Row 9

G.R.S. Representative A.E. Dewey
A.E. Dewey 1st Lt., QMC.

AUDITED BY
R.W. 7-9-22

To be prepared in triplicate.

DATE March 2, 1922.

REPORT OF DISINTERMENT, PREPARATION, SHIPMENT AND REBURIAL OF BODY

DISINTERMENT

COMPARATIVE REPORT

ml Records of G.R.S. Headquarters. Discrepancy found upon exhumation of body

1. Name <u>BRUCH, Walter</u>	10. Name
2. No. <u>62365</u>	11. No.
3. Rank <u>Pvt</u>	12. Rank
4. Org. <u>Co M, 101st Inf</u>	13. Org.
5. D.D. <u>June 2nd '18</u>	14. (a) D.D.
6. C.D. <u>DOWRIA</u>	(b) D.B. <u>No disc.</u>

Discrepancy found upon disinterment

7. Grave No. <u>68</u> Sec.	15. Grave No.	Sec.
8. Plot Row	16. Plot Row	
9.	17. <u>No disc.</u>	

18. Cemetery <u>Amer.</u>	19. Commune or town <u>MENIL-la-TOUR</u>
20. Dept. or County <u>M.et.M.</u>	21. Country <u>France</u>
22. G.R.S. Hdqrs. Code No. <u>474</u>	
23. Disinterred (Date) <u>March 2, 1922.</u> By <u>W.C. Follmer</u>	

24. Inscription on grave marker:

Name <u>Walter Bruce</u>	Serial No. <u>---</u>
Rank <u>Pvt.</u>	Organization <u>Co. M. 101st Inf.</u>

25. Was identification disc found on grave marker? Yes On body? No

E. Seils
Signature Junior Technical Assistant
E. Seils

PREPARATION

26. What other means of identification were on body? (If no disc or other means of identification on body, give description of body in detail).

Plaque on cross agrees with AGRS Record. Original bottle record ruined by water.

27. Condition of body Badly decomposed. Features unrecognizable.

28. Nature of burial Wooden box.

29. Any discrepancy noted upon examination of body, as compared with G.R.S. records quoted above? None

30. Body prepared and placed in casket: Date March 2, 1922. By W.C. Follmer

31. Casket sealed by W.C. Follmer

Signature of Embalmer, (Supervisor W.C. Follmer)

Place M. Hill-la-Tour (M&M)

REPORT OF DISINTERMENT AND REBURIAL

Date Mar. 2, 1922.

1. REMAINS OF BRUCH, Walter SERIAL NUMBER 62365

RANK Pvt. ORGANIZATION Co. M, 101 Inf.

2. Disinterred (date): Mar. 2, 1922, Cem. 74, Gr. 68, Menil-la-Tour (M&M), France. From (give complete location):

By: Group Follmer's Unit F.S.S.

3. Reburied (date): July 23, 1922 In (give complete location): Cem. 1223 Gr. 4 Row 9 Bk 'C'

By: Group Reburial Unit Casket & Coffin CASE Nature of reburial:

4. Report as to nature of original burial and condition of body upon disinterment:

Wooden box, badly decomposed, features unrecognizable.

5. (a) Identification tags: Buried with body? no. On grave marker? yes.

(b) Other means of identification found upon disinterment, and general remarks:

Plaque on cross agrees with ARS record. Original bottle record ruined by water.

6. What does examination of body show as regards the following identifying items?

(a) Height (actual measurement) Impossible to determine

(b) Weight (estimated) Impossible to estimate

(c) Hair—Color None

Quantity

Characteristics

(d) Hair on face—Color None

Location

Quantity

(e) Permanent marks on body (old scars, peculiarities, or missing parts) Impossible to determine

(f) Wounds or missing parts (received at time of casualty)

Skull psted.

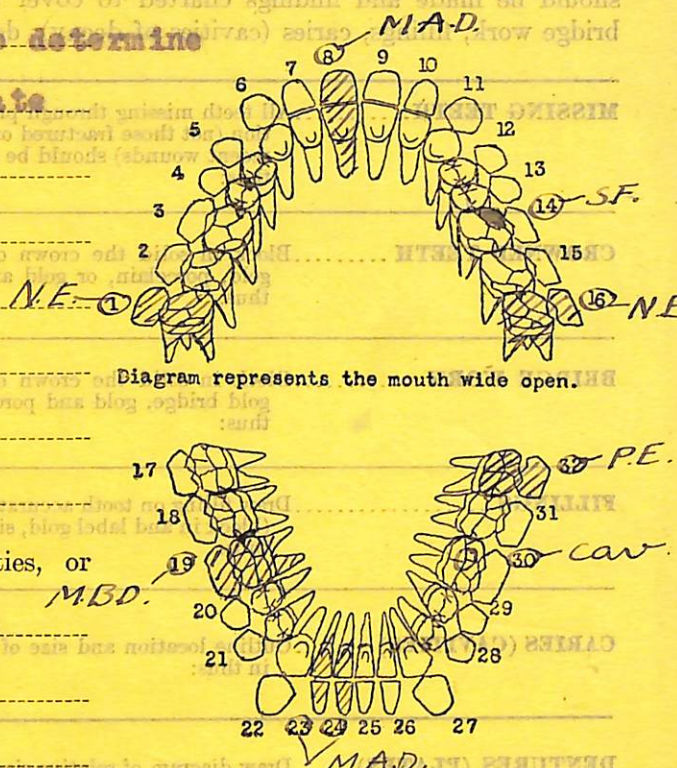
Archville, Checker.

7. Disinterment supervised by W.C. Follmer Approved: H.E. Lowry

W. C. Follmer, Sup. Smb. (Title) D. Lowry, 1st Lt. OMC

8. Reburial supervised by H.L. Kramer Approved: [Signature]






H.L. Kramer (Title) Dowey 1st Lt OMC.



INSTRUCTIONS FOR THE PROPER COMPLETION OF G. R. S. FORM NO. 16-A

Enter information, as noted below, on reverse side of sheet in the *corresponding numbered space*. This form is supplemental to and is to be forwarded with G. R. S. Form 1-a, reporting reburial locations. To be used in answer to Question 26, Form 114, in case no means of identification on body.

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
3. Give date and accurate information as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.
5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No."
 (b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6.
6. Give all information as to body description and dental chart as nearly correctly as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

MISSING TEETH	All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:	 <p>TOOTH MISSING TOOTH MISSING</p>
CROWNED TEETH	Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:	 <p>GOLD CROWN PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:	 <p>GOLD AND PORCELAIN BRIDGE GOLD BRIDGE</p>
FILLINGS	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:	 <p>SILVER FILLING GOLD FILLING GOLD FILLING GOLD FILLING GOLD FILLING</p>
CARIES (CAVITIES)	Outline location and size of cavity, shade in thus:	 <p>CAVITY DECAYED DECAYED DECAYED</p>

DENTURES (PLATES)..... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

7. Show name of person supervising the disinterment and the name and title of the person approving same.
8. Show name of person supervising the reburial and the name and title of the person approving same.

OFFICE OF THE QUARTERMASTER GENERAL
GENERAL DIVISION
OVERSEAS PROJECT SUB-SECTION

HOBOKEN, N.J.

C-19573
*Please
read*

NAME OF DECEASED SOLDIER
Bruce, Walter, Pvt.

CEREMONY NO.
74-20

DATE
2/1/21

SERIAL NUMBER
62365

ORGANIZATION
101st Inf. Co. M.

date of death
6-2-18

*Copy fwd
to adj' Dept
2-21-21*

WAR RISK INSURANCE INFORMATION

NAME OF BENEFICIARY
Mr. James E. Fee, legal guardian of

RELATIONSHIP
Brother

Address
William S. Bruce
43 State House, Boston, Mass.

DATE _____

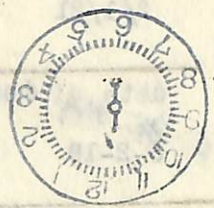
Cor. Sec. _____

83 ✓

OFFICE OF THE UNITED STATES MARSHAL
GENERAL INVESTIGATIVE DIVISION
WASHINGTON, D.C.

HOPEKIN, N.J.

FEB 25 1921



CENTRAL DIVISION

NAME OF DECEASED SOLDIER
Grade, Rating, Etc.

SERIAL NUMBER
62368
UNIT
101st Inf. Co. H.

THE MARSHAL SERVICE SECTION

D. B.

NAME OF BENEFICIARY

Mr. James E. Poe, Legal Guardian of

Address
William S. Poe
48 State House, Boston, Mass.
Cor. Sec.

RECEIVED.

FEB 4 1921

CENTRAL DIVISION
GENERAL INVESTIGATIVE DIVISION

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
GRAVES REGISTRATION SERVICE
HOBOKEN, N. J.

JAN 18 1921

FROM: Chief, Graves Registration Service, Q.M.G.
TO: Mr. Henry C. Fiske, 57 George St., Lowell, Mass.
SUBJECT: Remains of Pvt. Walter Bruce, Serial No. 62365,
101st Inf., Co. M.

The records of this office show that you have requested that his body remain in Europe. *Yes, that is satisfactory to me, but I am not his nearest relative.*

If these are not the correct instructions, please correct them. Make corrections on second page.

The nearest relative may choose between, (1) return of the body to any address in the United States; (2) interment in Arlington, Va., or any other National Cemetery; or (3) remain in Europe. All removals are at Government expense.

By authority of the Quartermaster General.

CHARLES C. PIERCE,
Lt. Col., Major, U.S.A.

If all blank spaces below are not filled out, it will necessitate a return of this paper and a SERIOUS DELAY in the shipment of this body. State in each case WHETHER these relatives are STILL LIVING.

NAME OF	NO. AND STREET	TOWN	STATE
Was soldier married?	<i>None</i>		
Soldier's Widow	<i>None</i>		
Soldier's children (Name oldest first)	1	<i>None</i>	
	2	<i>None</i>	
	3	<i>None</i>	
Father	<i>William H. Bruce. Address unknown to me.</i>		
Mother	<i>Dead</i>		
Brothers (Name oldest first)	1	<i>William S. Bruce. in care of; State Board of Minor Wards State House (room 42) Boston Mass</i>	
	2	<i>None</i>	
	3	<i>None</i>	
Sisters (Name oldest first)	1	<i>None</i>	
	2	<i>None</i>	
	3	<i>None</i>	

Date: Jan. 24, 1921 Signature: Henry C. Fiske
Address: 57 George St. Lowell, Mass. Relationship: step father

Important.-- CAREFULLY read instructions before filling out this paper.

*Inter Form 15
H. 1/21*

I, the undersigned, am the(relationship).....and nearest living relative of the within-named soldier, and desire the following disposition of his remains, viz:

(Strike out all except the one showing the disposition desired.)

1. As stated on first page of this sheet.

2. To be returned to the U.S. and shipped to..... (Name)

..... (R.R. station) (State)

3. To be returned to the U.S. and buried in National Cemetery.

4. To remain in Europe, for burial in a permanent American Cemetery.

Signature

INSTRUCTIONS FOR FILLING OUT.

1. If definite instructions as to the disposition of a body are not received from the nearest relative within two weeks of its arrival at New York, burial will be made without further notice in the World War Section of Arlington National Cemetery.

2. The transfer of bodies will be made ENTIRELY at Government expense.

3. This paper MUST BE SIGNED BY THE NEAREST RELATIVE WHO IS THE NEXT OF KIN IN THE ORDER shown in the square on the other side of this sheet.

4. This paper must be returned showing the name and address of each of the nearest living relatives in the spaces provided therefor on the other side of this sheet.

5. If there are minor children of the deceased soldier and no widow, the LEGALLY APPOINTED GUARDIAN of the children should ascertain their wishes and act for them in this matter.

6. If YOU are not the nearest relative, please ask the nearest relative, if living near you, to fill out this paper.

7. If YOU are not the nearest living relative and do not know who or where the nearest relatives are, please fill out this paper AT HOME and mail to this office.

8. You are requested to return this paper AT ONCE in order to avoid delay in the case of this body.

9. Use the inclosed envelope--pay no postage.

GRAVES REGISTRATION SERVICE
CORRESPONDENCE BRANCH

RECEIVED

APR 29 1921

Cemeterial Division
Overseas Project Sub-Section



JAN 25 1921

[Faint, mostly illegible text, likely a letter or form, with some lines of text visible.]

OFFICE OF THE QUARTERMASTER GENERAL
GENERAL DIVISION
OVMSYS PROJECT SUB-SECTION

HOBOKEN, N. J.

NAME OF DECEASED SOLDIER	ORGANIZATION NO.	DATE
Bruce, Walter, Pvt.	74-20	2/1/21
SERIAL NUMBER	ORGANIZATION	DATE OF DEATH
62365	101st Inf. Co. M.	6-2-18

WAR RISK INSURANCE INFORMATION

NAME OF BENEFICIARY	RELATIONSHIP	DATE
Address		
Cor. Sec.		

Suspend

GRAVE LOCATION BLANK.

LOCATION OF THE GRAVE OF

Bruce

(Surname.)

Walter

(Number.)

(First Name and Initials.)

Private

(Rank.)

Co. M, 101 Inf.

(Organization.)

DATE OF BURIAL

June 3, 1918

PLACE OF BURIAL

Menil - La - Tour

(Give Cemetery, Town and Department.) Map reference must specify clearly what map is used.

A.E.F. Cemetery #74

GRAVE NUMBER

68

HOW MARKED : Name Peg?

Cross? **X**

Headboard?

Bottle?

IDENTIFICATION TAGS :

Was one buried with body? **Yes**

Was one fastened to name peg or stake used as a grave marker? **Yes**

If name unknown and tags missing, description and marks should be given here :

FILE

REPORTED BY :

J. S. L. Connor 1st Lt., Chaplain.

(Signature and Rank of Reporting Officer.)

This portion to be sent to Chief of Graves Registration Service.

10 JUN 1918

ADJUSTMENT MADE

NOV 27 1920

3021

FROM: O. Q. M. G.
CEMETERIAL DIVISION
Munitions Building
Room 1128

PLEASE EXPEDITE

WAR. DEPARTMENT

Office of the Quartermaster General of the Army
Washington

Spencer

G.R.S. Form 8-W-A-O
Information requested of A.G.O.

Date 11/19/20

File No. Requisition.

From: The Quartermaster General, U. S. Army, (Cemeterial Division)

To: The Adjutant General of the Army, 6th & B Sts., N.W., Washington, D.C.

Subject: Information required for G.R.S.

FILE

1. It is requested that the items checked below be completed, Request confirmation of all information shown.

- a. Surname Bruce, *OK*
- b. Christian name Walter *OK*
- c. Serial Number 62365 *OK*
- d. Organization 101st Inf. Co., M. *OK*
- e. Rank Private *OK*
- f. Date of death 6/2/18 *OK*
- g. Cause of death DWRIA *OK*
- h. Authority (C.O.#)
- i. Emergency address
- j. Relationship

BODY DESCRIPTION

(See page #2 of the Service Record)

- a. Age of enlistment
- b. Color of eyes
- c. Color of hair
- d. Height
- e. Weight
- f. Permanent marks and physical defects at enlistment (Old fractures or breaks)

DENTAL CHARTS

(See Physical report of examination prior to enlistment)

- a. Strike out teeth missing
- | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|-------------|---|------------|---|---|---|---|---|
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| | | | | | | | | upper right | | upper left | | | | | |
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| | | | | | | | | lower right | | lower left | | | | | |

*Donnelly MSM
and Pl See 18-307
Nov. 20/20*

H. L. ROGERS,
Quartermaster General, U.S.A.

BY:

H. J. Conner
H. J. CONNER,
1st. Lieut. Q.M.C.

CEMETERY NO:

NOV 30 1920

SHEET NO:
TYPED BY:

20
ZS

RECEIVED

S/713/LML

Rec'd World War Div.
Date 11.20.20

ADJUSTMENT MADE
NOV 27 1920

FROM
RECEIVED
G. S. DIVISION
ing

WAR. DEPARTMENT

Office of the Quartermaster General of the Army
Washington

Handwritten signature/initials in red ink

G.R.S. Form 8-W-A-O
Information requested of A.G.O.

Date 11/19/20

File No. Requisition.

From: The Quartermaster General, U. S. Army, (Cemeterial Division)

To: The Adjutant General of the Army, 6th & B Sts., N.W., Washington, D.C.

Subject: Information required for G.R.S.

FILE

1. It is requested that the items checked below be completed, Request confirmation of all information shown.

- a. Surname Bruce, *OK*
- b. Christian name Walter *OK*
- c. Serial Number 62365 *OK*
- d. Organization 101st Inf. Co., M. *OK*
- e. Rank Private *OK*
- f. Date of death 6/2/18 *OK*
- g. Cause of death DWRIA *OK*
- h. Authority (C.O.#)
- i. Emergency address
- j. Relationship

BODY DESCRIPTION
(See page #2 of the Service Record)

- a. Age of enlistment
- b. Color of eyes
- c. Color of hair
- d. Height
- e. Weight
- f. Permanent marks and physical defects at enlistment (Old fractures or breaks)

DENTAL CHARTS
(See Physical report of examination prior to enlistment)

- a. Strike out teeth missing
- | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|-------------|---|------------|---|---|---|---|---|
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| | | | | | | | | upper right | | upper left | | | | | |
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| | | | | | | | | lower right | | lower left | | | | | |

*Donnelly MSM
and Pl See 8-309
Nov. 20/20*

H. L. ROGERS,
Quartermaster General, U.S.A.

BY: *H. J. Conner*
H. J. CONNER,
1st. Lieut. Q.M.C.

CEMETERY NO: *7481 08 309*

SHEET NO: 20
TYPED BY: ZS

S/713/LML

Rec'd World War Div.
Date 11.20.20

ADJUSTMENT MADE
NOV 27 1920

THE DEPARTMENT
Office of the Quartermaster General of the Army
Washington

Form 2-7-2-0
Information requested of A.G.O.

Title No. _____
Registration _____
From: The Quartermaster General, U. S. Army, (Central Division)
To: The Adjutant General of the Army, U. S. Army, (Central Division)
Subject: Information requested for C.A.S.

1. It is requested that the items checked below be completed. Please
confirmation of all information above.

- 1. Date of birth _____
- 2. Date of enlistment _____
- 3. Authority (C.A.S.) _____
- 4. Home address _____
- 5. Relationship _____
- 6. Rank private _____
- 7. Organization (List in No. 1) _____
- 8. Serial Number (2000) _____
- 9. Christian name (other) _____
- 10. Bureau (line) _____

PHYSICAL EXAMINATION
(See page 10 of the Service Record)
examination report to (list name)
(See Physical Report of)

- 1. Age at enlistment _____
- 2. Color of eyes _____
- 3. Color of hair _____
- 4. Height _____
- 5. Weight _____
- 6. Strike of teeth (upper and lower) _____
- 7. Color of teeth (upper and lower) _____
- 8. Color of skin (upper and lower) _____

1. Permanent name and
physical defects of
enlistment (Old location or breaks)

H. L. ROBERTS,
Quartermaster General, U.S.A.

Handwritten signature and notes

NOV 20 1920

RECEIVED

CERTIFY NO:

SHEET NO:
TYPED NO:

2113A